Arizona Department of Health Services

Office for Children with Special Health Care Needs

Children's Rehabilitative Services

Cultural Competency Review of 2006-2007

Cultural Competency Plan for 2007-2008

Office for Children with Special Health Care Needs

Children's Rehabilitative Services

Cultural Competency Plan 2007 2008

Introduction

This annual report summarizes the Office for Children with Special Health Care Needs (OCSHCN) 2007 Cultural Competency Plan and reviews the activities undertaken from July 1, 2006 to June 30, 2007. Based on the review, the plan has been updated to reflect future implementation steps.

The OCSCHN has been working strategically to integrate and promote culturally competent services into our system across the state. Arizona's rapidly changing demographics has created a need for culturally competent providers and an overall delivery system that can respond to the special health needs of a diverse population. In response to this need, the OCSCHN has provided leadership, commitment and resources to the development of the Cultural Competency Plan and support of the Cultural Competency Committee.

The Committee was established in February 2005 to strategize and discuss implementation of culturally effective initiatives related to training, the provision of family centered culturally competent care and translation/interpretation services. It meets monthly through videoconferencing technology to focus on specific issues.

Committee functions within the OCSHCN office to provide input and strategize and increase knowledge into cultural competency issues within OCSHCN, CRSA and Regional Contractors. It assists OCSHCN and CRSA contractors in implementing cultural competent services and in the implementation of cultural competency plan.

The Committee includes representatives from:

- Family and Youth Leadership Consultants
- Children's Rehabilitative Services Regional Contractors
- Office for Children with Special Health Care Needs

Cultural competence is a developmental process that evolves over an extended period of time. Individuals, organizations, and systems are at various levels of awareness, knowledge and skills along the cultural competence continuum.

Cultural competence requires that organizations:

- Have a congruent, defined set of values and principles, and demonstrate behaviors, attitudes, polices, and structures that enable the to work effectively cross-culturally;
- Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts of communities they serve; and

- Incorporate the above into all aspects of policymaking, administration, practice, and service delivery and systematically involve consumers, key stakeholders and communities

Overview of some of the 2006-2007 Major Accomplishments

- Staff, Family and Youth Partners review training modules annually for appropriateness and make any necessary revisions included those related to cultural competency

- The cultural competency plan has been made available to all staff of OCSHCN to support ongoing efforts of providing culturally competent care and services

- Development of training on Limited English Proficiency (LEP)

- Initiated LEP training for staff that included:
  - Management and administrative support staff
  - CRS Regional Contractor staff
  - Cultural Competency Committee

- Initiated the use the electronic learning management system to track staff training and LEP training is now available on ELearning

- Revised and distributed "CRS Member Information Letter" that contained relevant information for members and their families on:

  - Provider Directory
  - Language and Cultural Services
  - Member Handbook
  - Grievance and Appeals
  - Fraud and Abuse

- Revised and/or updated he following policy and procedure:

  - RCPPM Chapter 80
  - Provider Manual

- Revised and/or updated the following forms and member information:
  - CRS Member Handbook
  - CRS Application form
  - CRS financial information and agreement form
  - Notice of Privacy Practices
  - Member Information Letter
  - Notice of Action

- Notice of Extension for referral to ALTCS/Acute Care Contractor
- Notice of Action to AHCCCS Plan –Denial of services requested
- Notice of Review of Decision by Health Plan
- Notification of Extension for Referral to ALTCS

- Cultural Competency Individual Self-Assessment Checklist was selected as the tool to assist in increasing awareness and sensitivity

    - The individual self-assessment was implemented using E Learning and completed by all:

        - OCSHCN staff
        - CRS Regional Contractor staff

- The OCSHCN/CRSA Cultural Competency Committee to develop and maintain a current listing of Websites (See Attachment #5) which provides culturally competent information to the following:

    - All regional contractor's clinic staff including front-line employees
    - OCSHCN staff
    - Members and families who visit the OCSHCN website
    - General public who access the OCSHCN website

- Monitor the Cultural Competency Website list which is located in the ADHS/OCSHCN Website for any necessary revisions and updates

- Conduct quarterly reviews of the OCSHCN and CRS regional contractor websites

- Spanish resources available on the ADHS-OCSHCN Website

The following is the review of each of the steps in the plan.

Goal 1
To ensure that OCSHCN and CRS regional contractor's staff and clinical providers receive ongoing training through the E Learning modules

Objectives:
OCSHCN and CRS Regional Contractor staff will receive Cultural Competency training upon hire and on an annual basis

Step 1. Education for OSCHSN staff on cultural competency plan for CY 2007

The staff was provided with the overview of the plan on September 2006

Next Steps: This step has been completed

Step 2 Module development completed
Pre-test and post-tests were developed and modules in process of being converted to be available on the e-learning system.

- Modules have been developed-6/06
- Evaluating Physical Environment for Cultural Competence;
- How to Assess Member Materials and Resources;
- Values, Beliefs, and Attitudes

Next Steps: This step has been completed and will be offered through ELearning on an ongoing basis

Step 3. Review training modules annually for appropriateness and updates.
Assessment tool
Participant list
Recommendations for change

Next Steps: This step has been completed

Step 4. Review OCSHCN Learning Management education tracking log to assess required modules completed by staff and test scores.

Learning management has a built in recording system for tracking:

- Test scores
- List of staff participants by office and clinic site
- Evaluation of training - Assessment of results to determine future training needs

Next Steps: This step has been completed

Step 5. Review participation in required learning cultural competence time limited on-line learning communities.

- **The participation was reviewed and includes:**

- Time limited activities
- Dates
- Participant listings

Next Steps: This step has been completed

Step 6. Conduct cultural competence assessment with current OCSHCN staff.

- Cultural Competency Individual Self-Assessment Checklist was selected as the tool to assist in increasing awareness and sensitivity

- The individual self-assessment was implemented using E Learning and completed by all OCSHCN and CRSA staff.

- A review and analysis of the findings is attached (See Attachment # 4)

Next Steps: This step has been completed

Step 7. Require regional contractors to submit documentation of internal cultural competence trainings completed by staff

The Regional Contractors were required to submit documentation of internal trainings completed by staff as part of the Administrative Review. The documentation included one or more of the following:

- Copies of the curriculum
- Power point presentations
- Agendas
- Sign In Sheets of participants attending training or on-line registration

Next Steps: This step has been completed

Step 8. Include cultural competency individual assessment in new OCSHCN staff orientation training

The individual assessment will be part of the initial activities that new employees starting September 2007 will complete as part of their orientation

Next Steps: This step has been completed

Step 9. Maintain a current listing of websites useful for cultural diversity and competent care materials.

Websites reviewed by subcommittee and final Website list provided to webmaster for inclusion on OCSHCN Website.

Next Steps: This step has been completed

Step 10. Conduct quarterly reviews of the OCSHCN and CRS regional contractor Websites.

- **Quarterly reviews conducted using the Website monitoring tool with Cultural Competence elements.**

Next Steps: This step has been completed

Step 11. Annual review of website evaluation tool with revisions as necessary
Web evaluation tool was reviewed by CRSA staff and OCSHCN Parent/Youth Leaders on September 2006

Next Steps: This step has been completed

Goal # 2: Language Assistance Services
To ensure language assistance services including bilingual staff, interpreter services, sign language, written and web site materials are provided at no cost to our members and families.

Objectives:
To require CRS regional contractor staff to offer face-to-face interpretation and telephonic interpreter services at no cost to the members.

To provide language assistance on OCSHCN/CRSA telephone calls from and to the members, their families and outside callers at no cost.

To provide translation of the CRS Member Handbook, New Member Orientation Packets (NMOP), and vital materials for the limited English proficient members/families.

To require CRS regional contractors to post their Clinic Provider Lists, which includes languages spoken by the clinicians, on their web site and include this information in their NMOP and available upon request

Step 1. Ensure that all CRS regional contractors post signage (in the dominant languages) at points of entry to the clinic that language assistance is available free of charge.
The regional contractors are required and evaluated as part of the Administrative Review whether they displayed signage at all points of entry to the clinic. Each contractor was inspected on site for this element and all had the required posted signage

Next Steps: This step has been completed

Step 2. All Regional Contractors ensure interpretive services are available
CRS policies and procedures were updated January 2006 to include the requirement for documentation of the preferred language.

Training was conducted for Regional Contractors to during the Cultural Competency Committee on the Limited English Proficiency and use of language assistance services

Next Steps: This step has been completed

Step 3. All regional contractors have current contracts with language line services.
As part of the Administrative Review, all regional contractors submitted copies of their current contracts with language line services to CRSA.

Next Steps: This step has been completed

Step 4. Review language line reports from regional contractors quarterly
Quarterly reviews of the language line have been conducted. As a result of this review, it is determined that the language line reports for the regional contractors are included with the overall language line report for the hospital. This makes it difficult to distinguish the use of the clinic versus the hospital. CRSA will continue to review and provide technical assistance to improve reporting capacity of Clinics.

Next Steps: This step has been completed
Further step will be to provide technical assistance to CRS Regional Contractors on how manage the language line reports.

Step 5. Review internal CRSA policy on provision of interpreter services with all OCSHCN staff on staff capability to interpret during telephonic conversations.

Bilingual OCSHCN staff were tested by certified contractor ALTA language services to assess the level of skill and proficiency in a second language. They conducted the test in various languages to test oral and/or written proficiency.

Next Steps: This step has been completed
Further step will be the development of a written procedure on the process of testing proficiency and establishing guidelines ensuring consistency across OCSHCN

Step 6. All member materials will be translated in another language when the other language is spoken by 3,000 or 10% (whichever is less) of the regional contractor's members in a geographic services area who also have Limited English proficiency (LEP).

CRS Handbook was revised and translated into Spanish. The Handbook was placed on the CRS website.

CRS Member Information Letter was developed and translated into Spanish. (See Attachment # 6)

The 2006 Family Centered Survey was administered and the results that measured cultural competency issues at the regional contractor's clinics are enclosed in (See Attachment #3. "The Cultural Competency Measures—CRS 2007 Family Satisfaction Survey"

Next Steps: This step has been completed

Step 7. All vital materials will be translated in another language when the other language is spoken by 1,000 or 5 % (whichever is less) of the regional contractor's members in a geographic services area who also have Limited English proficiency (LEP). Vital materials include notices of denials, reduction, suspensions or terminations of services, vital information from the member handbook and consent forms.

All vital materials are written as close to the 4th grade level as possible and available in Spanish and English by regional contractors and CRSA

CRS Handbook revised, translated into Spanish, and placed on website 4/06 with input from OCSHCN Parent and Youth Leaders

Review of the regional contractor's New Member Orientation Packets was conduct and revisions were made. The New Member Orientation Packet is provided in the dominant languages of the region.

Telehealth/telemed consumer fact sheet completed 10/05 the Telemedicine Activity Book completed 2/06. It was disseminated to all sites for use in educating members and families and available in both English and Spanish.

Notices of Action-denials, reduction, suspensions or terminations of services were all translated into Spanish.

Next Steps: This step has been completed

Step 8. All written notices informing members of their rights to interpretation and translation services in languages will be translated when the regional contractor is aware that 1,000 or 5% (whichever is less) of the contractor's members speak that language and have LEP.

All Regional Contractors were audited as part of the Administrative Review on the availability of written notices of member rights to interpretation and translation. This will continue to be an element of the Administrative Review process for each of the regional contractors.

Next Steps: This step has been completed

Step 9. Written materials will be available in alternative formats for the visually impaired and members with LEP.

Statements informing members and their families that alternative formats are available for the visually impaired and LEP are:

- Posted on OCSHCN and regional contractor websites 7/06 and included in the CRS Handbook 1/05
- Internal CRSA Policy and Procedure written 2/06
- Member Information Letter was issued on 4/07
    - Tape recording of the "Member Information Letter" was also made available.

Next Steps: This step has been completed

Step 10. Annual review of CRS Handbook for inclusion of LEP information and updated AHCCCS and CRSA policies
Staff and parent/youth partners developed and reviewed necessary changes and additions to include in final draft due 9/1/06

Next Steps: This step has been completed

Step 11. Revise CRS Regional Contractor Policy and Procedure Manual to include requirements for New Member Orientation Packets
The CRS Policy and Procedure Manual was updated on 7/1/06

Next Steps: This step has been completed

Step 12. Request clinic provider lists to be updated with provider's languages spoken.
All regional contractors have updated the Clinic Provider Lists in their New Member Orientation Packets as 7/1/06. This is an element included in the Administrative Review to ensure that each contractor provides this information to members

Next Steps: This step has been completed

Step 13. Request CRS regional contractors to include provider lists with languages on their websites.
All regional contractors were required to update provider list on website with languages spoken and to place those on their website.

All regional contractors have their Clinic Provider Lists posted on their Websites.

- Reviewed on quarterly basis and is an ongoing activity

Next Steps: This step has been completed

Goal # 3: Right to Receive Language Assistance Services

Objectives:
To provide written and verbal notice to members and their families informing them of their right to receive language assistance services.

Step 1. Include a formal statement in the CRS Handbook under Member Rights

Handbook is now available upon request, in the New Member Orientation Packet for new members and on the CRSA website.

Next Steps: This step has been completed

Step 2. Exploring the development of a member newsletter or other similar informational materials for annual mail distribution and identifying parent/youth partners to assist in the development of future product

Member Information Letter was sent out

- Staff and parent/youth partners developed and reviewed necessary changes and additions to include in final draft in English and Spanish and sent out April 2007

Next Steps: This step has been completed

Step 3. Written notification that alternate formats are available and how to access them.

This notification was added to OCSHCN/CRS website: "Documents in alternative format are available upon request to The Office for Children with Special Health Care Needs by calling (602) 542-1860." It is included in the Member Handbook and Member Information Letter.

CRS regional contractors include this in the New Member Orientation Packet and on Websites linked to CRS

Next Steps: This step has been completed

Step 4. Include signs in the prominent languages at points of entry into clinics

The regional contractors are required and evaluated as part of the Administrative Review whether they displayed signage at points of entry to the clinic. Each contractor was inspected on site for this element and all had the required posted signage

Addressed with CRS members of the OCSHCN Cultural Competency Committee.

- National site link available for Regional Contractor to use the examples and copies of signage

Next Steps: This step has been completed

Goal # 4: Competence of Language Assistance
To ensure the competence of language assistance being provided to LEP members and families by interpreters, bilingual staff and contracted language lines.

Objective:
To ensure OCSHCN and CRS staff communicate effectively and convey information in a culturally effective manner that is easily understood by the diverse populations served.

Strategies:

- Establish a policy and procedures for OCSHCN staff to follow in obtaining interpretive and translation services.
- Review training and competence of CRS interpreters during on-site regional clinic audits of front line and clinic staff.
- Develop, train and utilize CRS parents and youth in assessing the competency of interpretation during on-site reviews.
- Conduct Family Satisfaction Surveys to measure member/family who may have limited English proficiency and/or need sign or language interpretation.

Step 1. Establish internal policy and procedures for OCSHCN staff to follow in obtaining interpretation and translation services

Training was conducted for CRSA staff and to the Cultural Competency Committee on Limited English Proficiency and use of language assistance services. Includes process for obtaining interpretation and translation services for members with LEP, and will be included in the New Employee Orientation Training and Manual.

Next Steps: This step has not been completed
Further step will be to submit draft procedure to management and will be added to plan 2007

Step 2. Provide training to OCSHCN staff on policy and procedures for obtaining interpretive and translation services.

Training was conducted for CRSA staff to during the Cultural Competency Committee on the Limited English Proficiency and use of language assistance services. Includes process for obtaining interpretation and translation services for members with LEP, and will be included in the New Employee Orientation Training and Manual

Next Steps: This step has been completed

Step 3. Assess competence of CRS Regional Contractors interpreters through audits and review of training records.

On-site reviews of clinic capacity to provide interpretation services were conducted as part of the Administrative Review. Includes the:

- Current language line contract
- How they ensure quality of the interpretation full time interpretation staff and bilingual staff that speak another language

Next Steps: This step has been completed

Step 4. Develop training materials for CRS – Regional Contractors, parents and youth for assessing interpretative services in clinics.

Explored materials and identified parent/youth partners to participate in training for reviews

Next Steps: This step has been completed

Step 5. Conduct review on the language line to assess service usage

Language line quarterly reports are reviewed for number of calls and languages used. Quarterly reviews of the language line have been conducted. As a result of this review, it is determined that the language line reports for the regional contractors are included with the overall language line report for the hospital. This makes it difficult to distinguish the use of the clinic versus the hospital. CRSA plans to continue monitoring and providing technical assistance to improve Clinic reporting capacity.

Next Steps: This step has been completed

Step 6. Completed 2006 Family Satisfaction Survey

Completed findings and shared with CRS regional contractors administrators and medical directors

Next Steps: This step has been completed

Goal # 5: Provider Network

To ensure that the provider network, outreach services and other programs improve accessibility and quality of care for members.

Objectives:
Maintain and monitor a network of appropriate providers to provide adequate access to all services covered under the CRS contract.

Strategies:

- Include in the steps of the Provider Network Plan to address accessibility for all members.
- Provide sufficient outreach clinics to provide clinic visits to the members living in the in rural areas.
- Provide telemedicine clinic visits to decrease travel time for member/families and physicians, time away from work, and expenses.
- Conduct Family, Provider and tele-medicine Satisfaction Surveys and review results with regional contractors.
- Conduct Family Satisfaction Services Survey to assess satisfaction with the CRS program, LEP services, and care and treatment of members by regional contractors' staff and clinicians.

Step 1. Evaluate CY 06 performance and write CY 07 Provider Network Plan.

CY 06 plan to be evaluated and CY 07 plan completed by 8/14/06.

Next Steps: This step has been completed

Step 2. Review CRS Interpreter Services and language line usage in clinics.

On-site reviews of clinic capacity to provide interpretation services were conducted as part of the Administrative Review. Includes the:

- Current language line contract
- How they ensure quality of the interpretation full time interpretation staff and bilingual staff that speak another language.

Next Steps: This step has been completed

Step 3. Assess members/families with LEP for their comprehension of physician and clinical providers' through Family Satisfaction Survey and on-site clinic reviews.

Annual on-site reviews completed, 2006 Family Satisfaction Survey completed and reviewed with regional contractors and CRS parent representatives.

Next Steps: This step has been completed

Step 4. CRS regional contractors offer sufficient outreach clinics at scheduled times in field clinic sites.

Reviewing current outreach clinic rosters and attendance. Reviewing telemedicine activities for outreach clinic activities.

Children Rehabilitative Services Program's Regional contractors (Except Yuma), in addition to providing services to their clinics site, are also required to provide services to CRSA enrolled members in hard-to-reach areas. These clinics are conducted far from their clinics' geographic area. A total of 862 CRS enrolled members were served in Field/Outreach clinics during FY 2007. During FY 2008, Phoenix will conduct Neurology, Plastic Surgery, Orthopedics, Cardiac, and Genetics clinics at nine field clinic locations, Tucson will conduct Cardiac clinics at five locations -Casa Grande/Eloy/ Florence, Douglas, Nogales, Safford, Clifton, Morenci and Sierra Vista, through University Physician Health Care and Flagstaff will conduct Orthopedics, Orthotics, Physical Therapy, Neurology, Metabolic, and Cardiac clinics at five locations (See Attachment # 7).

In FY 2007, through telemedicine, 197 CRS-enrolled members received services in the areas of Genetics, Neurosurgery, Orthopedics, and Neurology.

Next Steps: This step has been completed

Step 5. Provide telemedicine clinic visits at two regional contractor sites. Evaluate results from reports and share with CRS regional contractors. Develop Telemedicine Activity Books in English and Spanish for the members.

- Telemedicine Provider Satisfaction Report
- Telemedicine Satisfaction Report
- Telemedicine Event Information Report
- Telemedicine Activity Books developed and provided to members during telemedicine visit
- In FY 2007, through telemedicine, 197 CRS-enrolled members received services in the areas of Genetics, Neurosurgery, Orthopedics, and Neurology.

Next Steps: This step has been completed

Goal # 6: Grievance Process
To ensure that conflict, grievance and resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cultural conflicts and complaints.

Objectives:
To identify and track and trend any cross-cultural issues and work toward resolution with the regional contractors.

Strategies:

- Provide cultural competence training to staff who handle grievances.
- Provide notices in the prominent languages of the member's right to file a grievance.
- Include oversight and monitoring of culturally or linguistically related grievances as part of the overall quality management program.

Step 1. Grievance database updated to include member rights which includes cultural competent services

Grievance database capability to collect data on member rights issues and to track and trend. The database has a category with "Member Rights/Respect and Caring" these are being tracked and trended. Sign-in sheets are available for review.

Next Steps: This step has been completed

Step 2. Provide training to OCSHCN and CRS staff who handle grievance process.

Training curriculum was developed and offered through videoconference with CRS Regional Clinic staff. The training was combined with our QOC information and it was completed by 10/06. One of the areas covered was "Regulations and policies related to grievances and provision of cultural and linguistic appropriate care and services". Sign-in sheets are available for review.

Next Steps: This step has been completed

Step 3. Provide notices in other languages and formats as needed by members who file grievances

A review of notices was conducted and notices were translated into Spanish

Next Steps: This step has been completed

Step 4. If track and trending uncovers patterns further investigation and any necessary training will be provided to appropriate staff.

Database developed and data collection started 3rd quarter CY06

Next Steps: This step has been completed

ATTACHMENTS

Attachment #1 – CRSA Cultural Competency Plan (Update) 2007 -2008

Attachment #2 – CRSA Cultural Competency Committee Purpose and Membership List

Attachment #3 – Family Centered Services Survey

Attachment #4 - CRS Cultural Competency - Individual Self Assessment 2007 - Report

Attachment # 5 - Website List Which provides Culturally Competent Information

Attachment # 6 – Member Information Letter

Attachment # 7 - Outreach Clinics Schedule

ATTACHMENT #1

CRSA CULTURAL COMPETENCY PLAN (Update) 2007-2008

CRSA Cultural Competency Plan

2007 - 2008

Objective 1: Provide leadership to increase awareness and sensitivity within CRSA

Steps	Assigned Parties	Completion Date and Product/Measure	Status/progress update – what was done and when, what remains to be done and by when will it be completed?	Additions/Modifications/ Completions/Deletions
Organizational Commitment				
Enhance membership of the Cultural Competency Committee	CRSA Cultural Competency Administrator and Chief of Clinical Programs	Date: 11/30/07 List of new members included in committee		
Continue Cultural Competency and Family Centered Services Advisory Committee meetings and develop for reporting process and submitting recommendations to Senior Leadership	Chief of Clinical Programs and CRSA Cultural Competency Administrator	Date:11/30/07 Process for submitting recommendations to Senior Leadership		
Develop a tool to manage the Language Line Report through technical assistance	CRSA Cultural Competency Administrator/Chief of Clinical Programs	Date: 11/30/07 Draft Report		
Develop policy or procedure for bilingual staff (testing and reimbursement for those that have been determined to have sufficient skills in a second language)	CRSA Cultural Competency Administrator and Chief of Compliance/Policy Manager	Date: 03/31/08 Draft Policy or procedure submitted for approval		

Ensure the bilingual staff providing interpretation or translations services is qualified and proficient	CRSA Cultural Competency Administrator	Date: 10/15/07 Language testing criteria and sample proficiency tests		
Training				
Develop Cultural Competency and Family Centered Orientation to new employees	CRSA Cultural Competency Administrator	Date: 10/15/07 Agenda and materials used		
Develop ongoing cultural competency training, to include requirements	CRSA Cultural Competency Administrator	Date:10/15/07 Agenda and materials used		
Develop policy or procedure for internal translations and review of translated documents and create a route slip	CRSA Cultural Competency Administrator and Policy Office Manager	Date: 09/30/07 Draft Policy or procedure and route slip		
Develop a schedule of cultural competency and Family Centered training	CRSA Cultural Competency Administrator And Clinical Program Chief	Date: 10/15/07 Training schedule		

CRSA Cultural Competency Plan

2007 - 2008

Objective 2: Support CRS Regional Contractors in increasing their capacity to provide family centered and culturally effective services to CRSA members and families

:

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?	Additions/Modifications/ Completions/Deletions
Training and Education				
Explore the use of an Organizational Self Assessment for regional contractors	CRSA Cultural Competency Administrator/Chief of Clinical Programs/Parent and Youth Leaders	Date: 01/31/08 Recommendations submitted		
Continue Individual self-assessment for new Regional Contractor employees.	CRSA Cultural Competency Administrator	Date: 02/29/08 Review list		
Develop cultural competency introduction to new clinic employee orientation	CRSA Cultural Competency Administrator	Date: 10/15/07 Agenda and material used in the new clinic employee orientation		
Develop ongoing cultural competency training for regional contractor staff	CRSA Cultural Competency Administrator	Date: 10/15/07 Agenda and material used		

CRSA Cultural Competency Plan

2007 - 2008

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?	Additions/Modifications/ Completions/Deletions
Training and Education				
Explore the use of an Organizational Self Assessment for regional contractors	CRSA Cultural Competency Administrator/Chief of Clinical Programs/Parent and Youth Leaders	Date: 01/31/08 Recommendations submitted		
Continue Individual self-assessment for new Regional Contractor employees.	CRSA Cultural Competency Administrator	Date: 02/29/08 Review list		
Develop a calendar of Culturally Competent and Family Centered training	CRSA Cultural Competency Administrator/ Chief of Clinical Programs	Date: 10/15/07 Calendar draft		

Objective 3: Increase use of data in building capacity and competence in providing CRSA services

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?	Additions/Modifications/ Completions/Deletions
Translation				
Identify key administrative, procedural documents and member material for translation or update.	Cultural Competency Administrator and Chief of Clinical Programs	Date: 03/31/08 List of documents		
Explore developing standards based on CLAS standards and placing them in policy and how to integrate them into current documents.	Cultural Competency Administrator and Policy Office Manager	Date: 03/31/08 Recommendations submitted		

CRSACultural Competency Plan

2007 - 2008

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?	Additions/Modifications/ Completions/Deletions
Language Capacity				
Identify all prevalent languages spoken by membership	Cultural Competency Administrator and Chief of MM/UM, Chief of Clinical Programs, Chief of Program Support	Date: 10/15/07 Statewide language analysis report		
Explore next steps based on information from CRSA statewide language analysis report	Cultural Competency Administrator and Chief of QM	Date: 01/31/08 Recommendations Submitted		

ATTACHMENT #2

CRSA Cultural Competency Committee Purpose

Membership List
And
Meeting Schedule

OCSHCN/CRSA Cultural Competency Advisory Committee

Purpose

The Committee was established in February 2005 to strategize and discuss implementation of culturally effective initiatives related to training, the provision of family centered culturally competent care and translation/interpretation services. It meets monthly through videoconferencing technology to focus on specific issues.

Committee functions within the OCSHCN office to provide input and strategize and increase knowledge into cultural competency issues within OCSHCN, CRSA and Regional Contractors. It assists OCSHCN and CRSA contractors in implementing cultural competent services and in the implementation of cultural competency plan.

The Committee includes representatives from:

- Family and Youth Leadership Consultants
- Children's Rehabilitative Services Regional Contractors
- Office for Children with Special Health Care Needs

Goal

To encourage culturally competent and linguistically appropriate exchanges and collaborations with families with children or youth with special health care needs, youth with special health care needs, the professionals that serve them and the communities in which they live.

Objective 1: To expand its cultural competency knowledge base

Objective 2: To support contractors and community partners to increase their capacity to provide cultural competent services and programs

Objective 3: To increase the use of data to improve measurement and analysis of cultural competency (internally and externally)

Attached is the list of members of the Cultural Competency Committee and the 2007 meeting schedule.

Office for Children with Special Health Care Needs

Children's Rehabilitative Services Administration

Cultural Competency Plan 2007 - 2008

NAME	PHONE AND EMAIL
Boness, Susan Children's Rehabilitative Services - Flagstaff	928 773-2054 Fax: 928-773-2286 BONESSS@NAHEALTH.COM
Domingo, Mary Office for Children with Special Health Care Needs	602 542-2877 Fax: 602 542-2589 domingm@azdhs.gov
Erskine, Jan Children's Clinics for Rehabilitative Services - Tucson	520 324-3052 Fax: 520 324-3117 jan.erskine@tmcaz.com
Falto-Toro, Lorraine Children's Rehabilitative Services - Yuma	928 336-1621 Fax: 928 336-7191 lfaltotoro@yumaregional.org
Flys, Felisa Children's Health Center/Rehabilitative Services - Phoenix	602 406-3060 Fax:602 798-0476 felisa.flys@chw.edu
Garcia-Torres, Norma Office for Children with Special Health Care Needs/Office of the Deputy Director	602 364-4595 Fax: 602 364-4763 GARCIAN@azdhs.gov
Jaurigue, Catherine Children's Rehabilitative Services -Yuma	928 336-1621 Fax: 928 336-7497 CJaurigue@yumaregional.org
McLaughlin, Chris Family & Youth Leadership Consultant	602 402-4855 Cell 623 773-0441 Home (FAX) archyfan@hotmail.com
Contreras-Navarro, Sara Children's Rehabilitative Services - Yuma	928 336-7294 Fax: 928 336-7497 scnavarro@yumaregional.org
Payne, Gloria Office for Children with Special Health Care Needs	602 542-7344 Fax: 602 542-2589 payneg@azdhs.gov
Slowtalker, Madelyn Family & Youth Leadership Consultant	928 645-8131 ext 234 928 608-6039 mslowtalker@azdes.gov
Torres, Nancy Office for Children with Special Health Care Needs	602 364-3301 Fax: 602 542-2589 TORRESN@azdhs.gov
Urbina, Marta Office for Children with Special Health Care Needs	602 542-2528 Fax: 602 542-2589 URBINAM@azdhs.gov
Valenzuela, Esmeralda Office for Children with Special Health Care Needs	602 364-3283 Fax: 602 542-2589 valenze@azdhs.gov
Vicente, Lorene Children's Rehabilitative Services - Flagstaff	928 773-2154 FAX 928-214-2838 vicentl@nahealth.com
Walker, Judie Office for Children with Special Health Care Needs	602 364-1477 Fax: 602 542-2589 walkerj@azdhs.gov

Office for Children with Special Health Care Needs

Children's Rehabilitative Services Administration

Cultural Competency Plan 2007 - 2008

DATE	TIME	CONFERENCE ROOM
January 3, 2007	12:00-1:00 p.m.	345
February 7, 2007	12:00-1:00 p.m.	345
March 7, 2007	12:00-1:00 p.m.	345
April 5, 2007	12:00-1:00 p.m.	345
May 2, 2007	12:00-1:00 p.m.	345
June 6, 2007	12:00-1:00 p.m.	345
July's / 2007 Meeting	"HOLIDAY"	CANCELED
August 1, 2007	12:00-1:00 p.m.	345
September 5, 2007	12:00-1:00 p.m.	345
October 3, 2007	12:00-1:00 p.m.	345
November 1, 2007	12:00-1:00 p.m.	345
December 5, 2007	12:00-1:00 p.m.	345
PLEASE ADVISE YOUR TELEHEALTH STAFF TO RESERVE YOUR ROOM FOR THESE MEETINGS.		
G:/OCSHCN/CRS/Cultural Competency-CRS/ CC Committee/CCC Meetings 2007.doc		

ATTACHMENT # 3

FAMILY SATISFACTION SURVEY

Family Centered Survey

All information that would let someone identify you or your family will be kept private. The Arizona Department of Health Services, Office for Children with Special Health Care Needs will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits your child receives.

If you want to know more about this survey, please call

Thara MacLaren at (602) 542-2881.

Name of the child: _____ Gender of child _____

Qualifying Condition: _____

Parent/guardian Name: _____

Phone number: _____

- ❑ Phone disconnected
- ❑ No answer, **RECORD DATE, TIME AND OUTCOME**
- ❑ Phone answered

Hello, this is (INTERVIEWER NAME) _____calling from Arizona Department of Health Services. We'd like to talk with you about your experiences with the Children's Rehabilitative Services Program. Your answers will help us to make the program better. May I please speak to (Parent/Guardian name) _____?

- If person is parent/guardian, **GO TO CONSENT**
- No one by that name at this phone number, **RECORD DATE, TIME AND OUTCOME**
- Not available

We need to talk with the parent or guardian who lives in this household who knows the most about the health care that (child's name) _____ receives through CRS.

Would that be you?

- Yes, **GO TO SURVEY INTRODUCTION**
- No

Who would that be? _____. Is he/she available?

- Yes **GO TO SURVEY INTRODUCTION**
- No, **GO TO CALL BACK**
- Child is over the age of 18 and makes their own health care decisions, **THANK THEM FOR THEIR TIME AND SAY GOOD-BYE.**

CALL BACK:

- AM _____
- PM _____
- Weekends_____
- Need Spanish speaker
- Other language _____

SURVEY INTRODUCTION

We are conducting a satisfaction survey of families who receive health care services through Children's Rehabilitative Services (CRS). Your family has been selected at random to be included in the study. Your answers will help us to make the program better.

You may choose to do this interview or not. If you do, your responses will be kept private. Your decision to do the interview will not affect any benefits you get. The questions should take about 15 minutes to answer.

Do you wish to participate in this survey?

- ❑ **Parent/guardian agrees**
- ❑ **Parent/guardian refuses, Thank them for their time and say good-bye.**

IF THE FAMILY MEMBER DOES NOT HAVE TIME TO PARTICIPATE IN THE INTERVIEW NOW, GO TO CALL BACK.

I'd like to begin the interview now, but before we begin, do you have any questions about the survey?

If the parent or guardian has additional questions or concerns have them call Heather Dunn at (602) 364-2286.

Our records show that your child (_____) is now in CRS. Is that right?

[1]☐ Yes
[0]☐ No, Thank them for their time

1. In the last 12 months, did your child see a CRS specialty doctor?

[1]☐ Yes ➔ **If Yes, Go to Question 3**
[0]☐ No ➔ **If No, Skip Question 4**

2. In the past 12 months, did you try to get an appointment with a CRS specialty doctor?

[1]☐ Yes
[0]☐ No ➔ **If No, Go to Question 5**

3. In the last 12 months, how much of a problem, if any, was it to see a CRS specialty doctor that your child needed to see?

[1]☐ A big problem
[2]☐ A small problem
[3]☐ Not a problem

4. We want to know your rating of the CRS specialty doctor your child saw most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible, and 10 is the best specialist possible, what number would you use to rate your child's specialty doctor?

[0]☐ 0 Worst specialist possible
[1]☐ 1
[2]☐ 2
[3]☐ 3
[4]☐ 4
[5]☐ 5
[6]☐ 6
[7]☐ 7
[8]☐ 8
[9]☐ 9

[10]☐ 10 Best specialist possible

5. In the last 12 months, did you call the CRS clinic during regular clinic hours to get help or advice for your child?

[1]☐ Yes
[2]☐ No ➔ **If No, Go to Question 7**

6. In the last 12 months, when you called during regular CRS clinic hours, how often did you get the help or advice you needed for your child?

[1]☐ Never
[2]☐ Sometimes
[3]☐ Usually
[4]☐ Always

7. In the last 12 months, when your child needed care right away for their CRS condition, how satisfied were you with how long it took to get care as soon as you wanted at a CRS clinic?

[1]☐ Very satisfied
[2]☐ Satisfied
[3]☐ Dissatisfied
[4]☐ Very dissatisfied
[5]☐ My child did not need urgent care
➔ **Go to Question 9**

8. In the last 12 months, when your child needed care right away for their CRS condition, most of the time, how long did you have to wait to get care at a CRS clinic?

☐ _____ days
☐ _____ weeks
☐ _____ months
☐ I could not get an appointment

9. In the last 12 months, how many times did your child go to an emergency room for their CRS condition?

[0]☐ None
[1]☐ 1
[2]☐ 2
[3]☐ 3
[4]☐ 4
[5]☐ 5 to 9
[6]☐ 10 or more

10. In the last 12 months, not counting the times your child needed care right away, how satisfied were you with how long it took to get an appointment at a CRS clinic as soon as you wanted?

[1]☐ Very satisfied
[2]☐ Satisfied
[3]☐ Dissatisfied
[4]☐ Very dissatisfied
[5]☐ I did not try to get an appointment
➔ **Go to Question 12**

11. In the last 12 months, when you called to schedule an appointment for your child at the CRS clinic, most of the time, how long did you have to wait for an appointment?

☐ _____ days
☐ _____ weeks

☐ _____ months
☐ I could not get an appointment

12. In the last 12 months, not counting the times your child went to an emergency room, how many times did your child go to the CRS clinic?

[0]☐ None ➔ **Go to Question 30**
[1]☐ 1
[2]☐ 2
[3]☐ 3
[4]☐ 4
[5]☐ 5 to 9
[6]☐ 10 or more

13. In the last 12 months, when you had an appointment at the CRS clinic, how long after your appointment time, did your child have to wait to be taken to the exam room?

[1]☐ Less than 15 minutes
[2]☐ 15 – 30 minutes
[3]☐ 31 – 45 minutes
[4]☐ 46 – 60 minutes
[5]☐ More than an hour

14. In the last 12 months, how often did office staff at your child's CRS clinic treat you and your child with courtesy and respect?

[1]☐ Never
[2]☐ Sometimes
[3]☐ Usually
[4]☐ Always

15. In the last 12 months, how often were office staff at your child's CRS clinic as helpful as you thought they should be?

[1]☐ Never
[2]☐ Sometimes
[3]☐ Usually
[4]☐ Always

16. In the last 12 months, how often did the CRS clinic staff listen carefully to you?

[1]☐ Never
[2]☐ Sometimes
[3]☐ Usually
[4]☐ Always

17. Please rate your agreement with the following statement: Staff respected my family's religious/spiritual beliefs.

[1]☐ Strongly Disagree
[2]☐ Disagree
[3]☐ Neutral
[4]☐ Agree
[5]☐ Strongly Agree

18. Please rate your agreement with the following statement: Staff were sensitive to my cultural/ethnic background.

[1]☐ Strongly Disagree
[2]☐ Disagree
[3]☐ Neutral
[4]☐ Agree
[5]☐ Strongly Agree

19. In the last 12 months, how often did your child's CRS doctors or other health providers explain things in a way you could understand?

[1]☐ Never
[2]☐ Sometimes
[3]☐ Usually
[4]☐ Always

20. In the last 12 months, how often did your child's CRS doctors or other health providers show respect for what you had to say?

[1]☐ Never
[2]☐ Sometimes
[3]☐ Usually
[4]☐ Always

21. In the last 12 months, how often did your child's CRS doctors or other health providers make it easy for you to discuss your questions or concerns?

[1]☐ Never
[2]☐ Sometimes
[3]☐ Usually
[4]☐ Always
[5]☐ I didn't have any questions ➔ **Go to Question 22**

22. In the last 12 months, how often did you have your questions answered by your child's CRS doctors or other health providers?

[1]☐ Never
[2]☐ Sometimes
[3]☐ Usually
[4]☐ Always

23. In the last 12 months, how often did you get the specific information you needed from your child's CRS doctors or other health providers?

[1]☐ Never
[2]☐ Sometimes
[3]☐ Usually
[4]☐ Always
[5]☐ I didn't need any information

24. In the last 12 months, were any decisions about your child's health care made during your CRS visits?

[1]☐ Yes
[0]☐ No ➔ **If No, Go to Question 27**

25. When decisions were made in the last 12 months, how often did your child's CRS doctors or other health providers offer you choices about your child's health care?

[1]☐ Never
[2]☐ Sometimes
[3]☐ Usually
[4]☐ Always

26. When decisions were made in the last 12 months, how often did your child's doctors or other health providers ask you to tell them what choices you prefer?

[1]☐ Never
[2]☐ Sometimes
[3]☐ Usually
[4]☐ Always

27. When decisions were made in the last 12 months, how often did your child's CRS doctors or other health providers involve you as much as you wanted?

[1]☐ Never
[2]☐ Sometimes
[3]☐ Usually
[4]☐ Always

28. Using any number from 0 to 10, where 0 is the worst health care possible, and 10 is the best health care possible, what number would you use to rate all your child's CRS health care in the last 12 months?

[0]☐ 0 Worst health care possible
[1]☐ 1
[2]☐ 2
[3]☐ 3
[4]☐ 4
[5]☐ 5
[6]☐ 6
[7]☐ 7
[8]☐ 8
[9]☐ 9
[10]☐ 10 Best health care possible

29. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 12 months, did you need an interpreter to help you speak with your child's CRS doctors or other health providers?

[1]☐ Yes
[0]☐ No ➔ **If No, Go to Question 30**

30. In the last 12 months, when you needed an interpreter to help you speak with your child's CRS doctors or other health providers, how often did you get one?

[1]☐ Never
[2]☐ Sometimes
[3]☐ Usually
[4]☐ Always

31. In general, how would you rate your child's overall health now?

[1]☐ Excellent
[2]☐ Very Good
[3]☐ Good
[4]☐ Fair

[5]☐ Poor

32. Is your child of Hispanic or Latino origin or descent?

[1]☐ Yes, Hispanic or Latino
[0]☐ No, Not Hispanic or Latino

33. What is your child's race? Please mark one or more.

[1]☐ White
[2]☐ Black or African-American
[3]☐ Asian
[4]☐ Native Hawaiian or other Pacific Islander
[5]☐ American Indian or Alaska Native
[6]☐ Other

34. What is the highest grade or level of school that you have completed?

[1]☐ 8th grade or less
[2]☐ Some high school, but did not graduate
[3]☐ High school graduate or GED
[4]☐ Some college or 2-year degree
[5]☐ 4-year college graduate
[6]☐ More than 4-year college degree

35. What language do you mainly speak at home?

[1]☐ English
[2]☐ Spanish
[3]☐ Some other language
(please print) _____

36. What language does your child mainly speak at home?

[1]☐ English
[2]☐ Spanish
[3]☐ Some other language
(please print) _____

37. How are you related to the child?

[1]☐ Mother or father
[2]☐ Grandparent
[3]☐ Aunt or uncle
[4]☐ Older brother or sister
[5]☐ Other relative
[6]☐ Legal guardian
[7]☐ Someone else ***(please print)***

_____

Thank you for completing this survey

ATTACHMENT # 4

CRSA
CULTURAL COMPETENCY
INDIVIDUAL SELF ASSESSMENT
2007 REPORT

CRS Cultural Competency Self Assessment 2007

Introduction

The Office for Children with Special Health Care Needs (OCSHCN) has developed a survey to heighten the awareness and sensitivity of personnel to the importance of cultural diversity and cultural competence in human service settings. The survey tool was a 39 item questionnaire that provided concrete examples of the kinds of values and practices that foster a respectful and culturally sensitive environment. OCSHCN (internal) staff and CRS Contractor (external) staff provided responses online through the ADHS *e*learning system during June of 2007.

The questionnaire contained three sections that focused on the following topics:

- Physical environment, materials and resources
- Communication styles
- Values and attitudes

Response sets for each of the sections were similar, each providing four choices for participants to indicate how often a task was performed. Fifty-seven internal staff and 252 external staff participated in the survey. Selected results will be presented in this report by section for both OCSHCN and CRS Contractor staff. Complete results for OCSHCN staff can be found in Appendix A, and those for CRS Contractor staff are in Appendix B. Percentages shown in the body of the report are based on valid responses excluding unknown and not applicable responses.

Section 1: Physical environment, materials and resources of your organization

Section 1 contained five items (see Table 1) about the environment and surroundings of the respondent's organization.

Table 1. Items Regarding Physical Environment, Materials and Resources

Item 1. My organization displays pictures, posters and other materials that reflect the cultures and ethnic backgrounds of children and families served by my program or agency.
Item 2. My organization ensures that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of children and families served by my program or agency.
Item 3. When using videos, films or other media resources for health education, treatment or other interventions, my organization ensures that they reflect the cultures of children and families served by my program or agency.
Item 4. When using food during an assessment, my organization ensures that meals provided include foods that are unique to the cultural and ethnic backgrounds of children and families served by my program or agency.
Item 5. My organization ensures that toys and other play accessories in reception areas

and those, which are used during assessment, are representative of the various cultural and ethnic groups within the local community and the society in general.

Respondents were asked to choose one answer to each item from the following list:

A = Things my organization does frequently
B = Things my organization does occasionally
C = Things my organization does rarely or never
D = Unknown

Figure 1 shows the percent of staff who responded that their organization performed each item frequently. For both internal staff and external contractors, approximately three out of four respondents said that their organizations frequently displayed pictures, posters, and other materials that reflect the cultures and ethnic backgrounds of children and families served. A higher percentage of internal staff (80 percent) said that videos, films, or other media resources were culturally appropriate when compared to external staff (72 percent).

External staff were more likely to say that their organization frequently provided culturally representative reading materials, food, as well as toys and other play accessories in reception areas. Providing food and toys are activities that rarely would occur where OCSHCN personnel are normally stationed. Meals and food are not often provided at OCSHCN, and it is unknown how often they would be provided by CRS contractors. A large proportion of personnel said that events where food was provided to members were unknown. Since children rarely visit OCSHCN, toys in reception area are not common. Seventy-one percent of contracted staff, however, said that toys frequently reflect children and families' cultures.

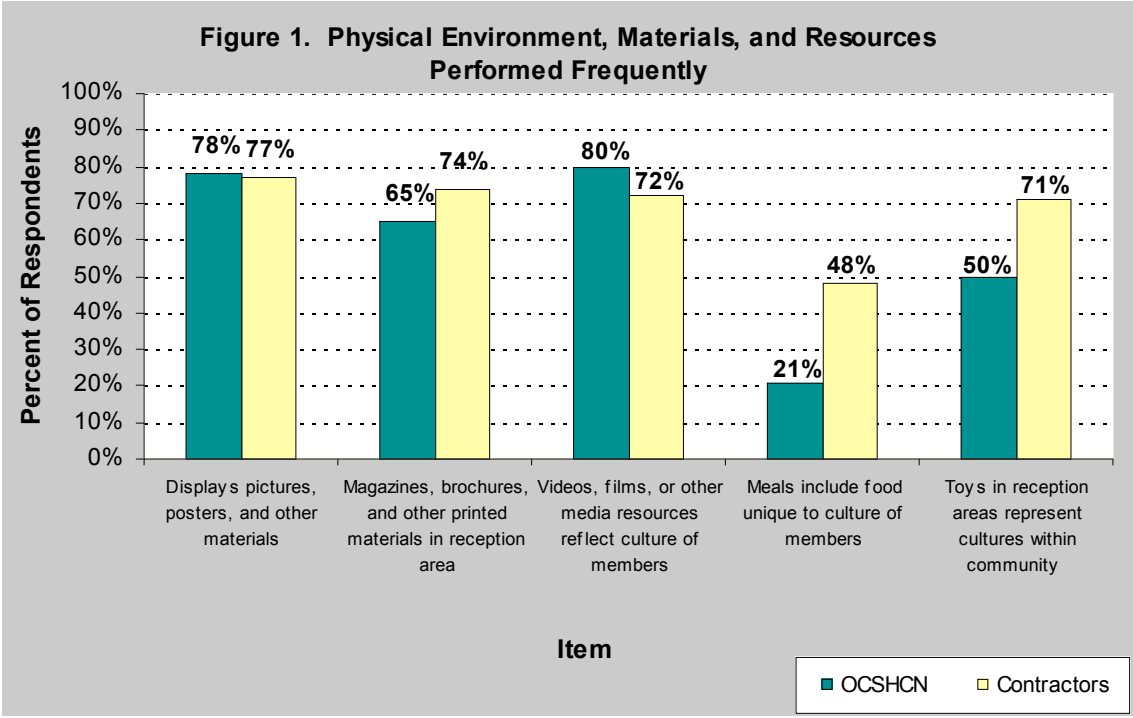
Figure 1. Physical Environment, Materials, and Resources Performed Frequently
Percent of Respondents
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
78%
77%
65%
74%
80%
72%
21%
48%
50%
71%
Displays pictures, posters, and other materials
Magazines, brochures, and other printed materials in reception area
Videos, films, or other media resources reflect culture of members
Meals include food unique to culture of members
Toys in reception areas represent cultures within community
Item
OCSHCN
Contractors

Section 2: Communication Styles

This section contained 14 items (see Table 2) about individual communication styles to which respondents could answer:

A = Things I do frequently
B = Things I do occasionally
C = Things I do rarely or never
D = Not Applicable

Figure 2 illustrates the percent of internal and external staff who responded that their organization frequently communicated in various styles. OCSHCN staff (63 percent) were more likely to determine familial colloquialisms used by children and families than CRS Contractor staff (45 percent).

However, a larger proportion of external staff frequently performed the other selected communication styles than internal staff. Seventy-three percent of external staff frequently used visual aids and physical prompts with children who had limited English proficiency compared to 50 percent of internal staff. External staff (88 percent) were more likely to use bilingual staff or certified interpreters frequently than internal staff (60 percent). Eighty percent of external staff understood the principles and practices of linguistic competency and applied them within their program whereas 59 percent of internal staff frequently applied these principles to their program. The percentage of staff that understood the implications of health literacy within the context of his/her roles and responsibilities was 84 percent for external staff and 70 percent for internal staff.

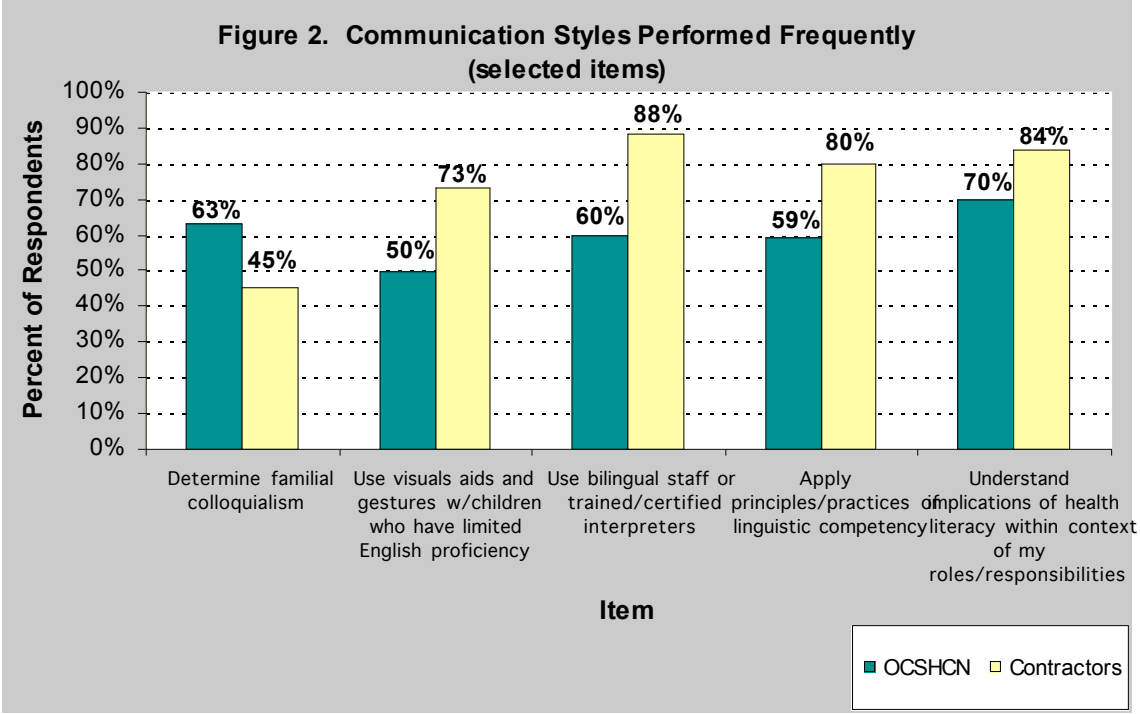

Table 2. Items Regarding Communication Styles

Item 6.	For children who speak languages or dialects other than English, I attempt to learn and use key words in their language so that I am better able to communicate with them during assessment, treatment or other interventions.
Item 7.	I attempt to determine any familial colloquialisms used by children and families that may impact on assessment, treatment or other interventions.
Item 8.	I use visual aids, gestures, and physical prompts in my interactions with children who have limited English proficiency.
Item 9.	I use bilingual staff or trained/certified interpreters for assessment, treatment and other interventions with children who have limited English Proficiency.
Item 10.	I use bilingual staff or trained/certified interpreters during assessments, treatment sessions, meetings, and for other events for families who would require this level of assistance.
Item 11a.	When interacting with parents who have limited English proficiency I always keep in mind that limitations in English proficiency is in no way a reflection of their level of intellectual functioning.
Item 11b.	When interacting with parents who have limited English proficiency I always keep in mind that their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin.
Item 11c.	When interacting with parents who have limited English proficiency I always keep in mind that they may or may not be literate in their language of origin or

English.
Item 12. When possible, I ensure that all notices and communiques to parents are written in their language of origin.
Item 13. I understand that it may be necessary to use alternatives to written communications for some families, as word of mouth may be a preferred method of receiving information.
Item 14a. I understand the principles and practices of linguistic competency and apply them within my program or agency.
Item 14b. I understand the principles and practices of linguistic competency and advocate for them within my program or agency.
Item 15. I understand the implications of health literacy within the context of my roles and responsibilities.
Item 16. I use alternative formats and varied approaches to communicate and share information with children and/or their family members who experience disability.

Section 3: Values and Attitudes

The final section of the questionnaire contained 20 items (see Table 3) devoted to tasks that promoted cultural sensitivity and discouraged racial or ethnic stereotypes and prejudice. The response set used was the same as that in Section 2.

Figure 3 shows the percent of OCSHCN and CRS Contractor staff who responded that their organization performed each task frequently. Internal staff (82 percent) were more likely to screen media resources for negative cultural stereotypes than external staff (55 percent). For both internal and external staff, about half said that they frequently intervened when other staff or parents engaged in culturally insensitive behaviors, with a slightly higher percentage saying that they frequently advocated for their program to promote cultural competence. The vast majority of internal and external staff frequently accepted that religion/beliefs may influence how families respond to illness (90 percent for internal staff and 93 percent for external staff). A higher proportion of external staff (70 percent) sought information on service adaptation for the needs of diverse members than internal staff (57 percent).

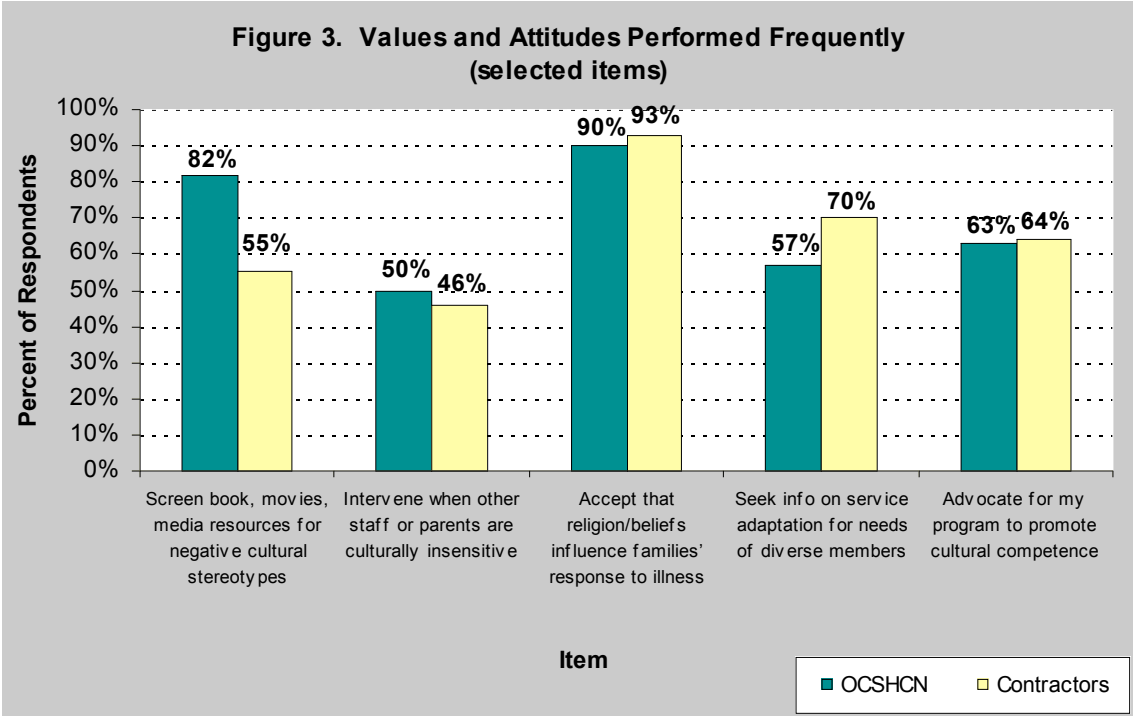

Table 3. Items Regarding Values and Attitudes

Item 17. I avoid imposing values that may conflict or be inconsistent with those of cultures or ethnic groups other than my own.
Item 18. In group therapy or treatment situations, I discourage children from using racial and ethnic slurs by helping them understand that certain words can hurt others.
Item 19. I screen books, movies, and other media resources for negative cultural, ethnic, or racial stereotypes before sharing them with children and their parents served by my program or agency.
Item 20. I intervene in an appropriate manner when I observe other staff or parents within my program or agency engaging in behaviors that show cultural insensitivity, bias or prejudice.
Item 21. I understand and accept that family is defined differently by different cultures (e.g. extended family members, fictive kin, godparents).
Item 22. I recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of acculturation into the dominant culture.
Item 23. I accept and respect that male-female roles in families may vary significantly among different cultures (e.g. who makes major decisions for the family, play and social interactions expected of male and female children).
Item 24. I understand that age and life cycle factors must be considered in interactions with individuals and families (e.g. high value placed on the decisions of elders or the role of the eldest male in families).
Item 25. Even though my professional or moral viewpoints may differ, I accept the

family/parents as the ultimate decision makers for services and supports for their children.
Item 26. I recognize that the meaning or value of medical treatment, health care, and health education may vary greatly among cultures.
Item 27. I recognize and understand that beliefs and concepts of emotional well-being vary significantly from culture to culture.
Item 28. I understand that beliefs about mental illness and emotional disability are culturally-based. I accept that responses to these conditions and related treatment/interventions are heavily influenced by culture.
Item 29. I accept that religion and other beliefs may influence how families respond to illnesses, disease, disability and death.
Item 30. I recognize and accept that folk and religious beliefs may influence a family's reaction and approach to a child born with a disability or later diagnosed with a physical/emotional disability or special health care needs.
Item 31. I understand that traditional approaches to disciplining children are influenced by culture.
Item 32. I understand that families from different cultures will have different expectations of their children for acquiring toileting, dressing, feeding, and other self-help skills.
Item 33. I accept and respect that customs and beliefs about food, its value, preparation, and use are different from culture to culture.
Item 34. Before visiting or providing services in the home setting, I seek information on acceptable behaviors, courtesies, customs and expectations that are unique to families of specific cultures and ethnic groups served by my program or agency.
Item 35. I seek information from family members or other key community informants that will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse children and families served by my program or agency.
Item 36. I advocate for the review of my program's or agency's mission statement, goals, policies, and procedures to ensure that they incorporate principles and practices that promote cultural diversity and cultural competence.

Conclusion

The purpose of the self assessment was to sensitize individuals and organizations to cultural competence issues and to identify opportunities for education and training. Results from the assessment suggest that a high proportion of OCSHCN and CRS Contractor staff frequently incorporate culturally competent activities into their work. However, a high proportion of staff also may not recognize that their personal responsibilities at work should include culturally competent practices. This is evidenced by the high percentage of respondents who chose "Unknown" or "Not Applicable" for the items in the questionnaire which may be due to the lack of opportunity that the OCSHCN staff has to interact directly with patients. It may be useful in

future studies to identify personnel who work directly with members and those who do not in order to better assess differences in the use of culturally competent practices.

Appendix A: CRSA Staff Responses

Items & Responses SECTION 1 - PHYSICAL ENVIRONMENT, MATERIALS, AND RESOURCES OF YOUR ORGANIZATION	Responses (n)	Percent %
1. My organization displays pictures, posters and other materials that reflect the cultures and ethnic backgrounds of children and families served by my program or agency.		
A) Things my organization does frequently	43	75%
B) Things my organization does occasionally	10	18%
C) Things my organization does rarely or never	2	4%
D) Unknown	2	4%
2. My organization ensures that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of children and families served by my program or agency.		
A) Things my organization does frequently	36	63%
B) Things my organization does occasionally	18	32%
C) Things my organization does rarely or never	1	2%
D) Unknown	1	2%
3. When using videos, films or other media resources for health education, treatment or other interventions, my organization ensures that they reflect the cultures of children and families served by my program or agency.		
A) Things my organization does frequently	32	56%
B) Things my organization does occasionally	7	12%
C) Things my organization does rarely or never	1	2%
D) Unknown	17	30%
4. When using food during an assessment, my organization ensures that meals provided include foods that are unique to the cultural and ethnic backgrounds of children and families served by my program or agency.		
A) Things my organization does frequently	5	9%
B) Things my organization does occasionally	12	21%
C) Things my organization does rarely or never	7	12%
D) Unknown	33	58%
5. My organization ensures that toys and other play accessories in reception areas and those, which are used during assessment, are representative of the various cultural and ethnic groups within the local community and the society in general.	(n)	%
A) Things my organization does frequently	5	9%
B) Things my organization does occasionally	1	2%
C) Things my organization does rarely or never	4	7%
D) Unknown	47	82%

SECTION 2 - COMMUNICATION STYLES

6. For children who speak languages or dialects other than English, I attempt to learn and use key words in their language so that I am better able to communicate with them during assessment, treatment or other interventions.		
A) Things I do frequently	10	18%
B) Things I do occasionally	4	7%
C) Things I do rarely or never	2	4%
D) Not Applicable	41	72%
7. I attempt to determine any familial colloquialisms used by children and families that may impact on assessment, treatment or other interventions.		
A) Things I do frequently	10	18%
B) Things I do occasionally	4	7%
C) Things I do rarely or never	2	4%
D) Not Applicable	41	72%
8. I use visual aids, gestures, and physical prompts in my interactions with children who have limited English proficiency.		
A) Things I do frequently	6	11%
B) Things I do occasionally	6	11%
C) Things I do rarely or never	0	0%
D) Not Applicable	45	79%
9. I use bilingual staff or trained/certified interpreters for assessment, treatment and other interventions with children who have limited English Proficiency.		
A) Things I do frequently	14	25%
B) Things I do occasionally	5	9%
C) Things I do rarely or never	1	2%
D) Not Applicable	37	65%
10. I use bilingual staff or trained/certified interpreters during assessments, treatment sessions, meetings, and for or other events for families who would require this level of assistance.	(n)	%
A) Things I do frequently	15	26%
B) Things I do occasionally	9	16%
C) Things I do rarely or never	1	2%
D) Not Applicable	32	56%
11a. When interacting with parents who have limited English proficiency I always keep in mind that limitations in English proficiency is in no way a reflection of their level of intellectual functioning.		
A) Things I do frequently	32	56%
B) Things I do occasionally	3	5%
C) Things I do rarely or never	1	2%
D) Not Applicable	21	37%
11b. When interacting with parents who have limited English proficiency I always keep in mind that their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin.		
A) Things I do frequently	35	61%
B) Things I do occasionally	0	0%

C) Things I do rarely or never	1	2%
D) Not Applicable	21	37%

11c. When interacting with parents who have limited English proficiency I always keep in mind that they may or may not be literate in their language of origin or English.

A) Things I do frequently	26	46%
B) Things I do occasionally	7	12%
C) Things I do rarely or never	3	5%
D) Not Applicable	21	37%

12. When possible, I ensure that all notices and communiques to parents are written in their language of origin.

A) Things I do frequently	24	42%
B) Things I do occasionally	7	12%
C) Things I do rarely or never	3	5%
D) Not Applicable	23	40%

13. I understand that it may be necessary to use alternatives to written communications for some families, as word of mouth may be a preferred method of receiving information.

	(n)	%
A) Things I do frequently	19	33%
B) Things I do occasionally	13	23%
C) Things I do rarely or never	3	5%
D) Not Applicable	21	37%

14a. I understand the principles and practices of linguistic competency and apply them within my program or agency.

A) Things I do frequently	23	40%
B) Things I do occasionally	13	23%
C) Things I do rarely or never	3	5%
D) Not Applicable	18	32%

14b. I understand the principles and practices of linguistic competency and advocate for them within my program or agency.

A) Things I do frequently	21	37%
B) Things I do occasionally	12	21%
C) Things I do rarely or never	4	7%
D) Not Applicable	19	33%

15. I understand the implications of health literacy within the context of my roles and responsibilities.

A) Things I do frequently	32	56%
B) Things I do occasionally	10	18%
C) Things I do rarely or never	4	7%
D) Not Applicable	11	19%

16. I use alternative formats and varied approaches to communicate and share information with children and/or their family members who experience disability.

A) Things I do frequently	18	32%
B) Things I do occasionally	8	14%

C) Things I do rarely or never	1	2%
D) Not Applicable	30	53%

SECTION 3 - VALUES AND ATTITUDES	**(n)**	**%**
17. I avoid imposing values that may conflict or be inconsistent with those of cultures or ethnic groups other than my own.		
A) Things I do frequently	40	70%
B) Things I do occasionally	5	9%
C) Things I do rarely or never	0	0%
D) Not Applicable	12	21%
18. In group therapy or treatment situations, I discourage children from using racial and ethnic slurs by helping them understand that certain words can hurt others.		
A) Things I do frequently	11	19%
B) Things I do occasionally	2	4%
C) Things I do rarely or never	0	0%
D) Not Applicable	44	77%
19. I screen books, movies, and other media resources for negative cultural, ethnic, or racial stereotypes before sharing them with children and their parents served by my program or agency.		
A) Things I do frequently	14	25%
B) Things I do occasionally	2	4%
C) Things I do rarely or never	1	2%
D) Not Applicable	40	70%
20. I intervene in an appropriate manner when I observe other staff or parents within my program or agency engaging in behaviors that show cultural insensitivity, bias or prejudice.		
A) Things I do frequently	17	30%
B) Things I do occasionally	12	21%
C) Things I do rarely or never	5	9%
D) Not Applicable	23	40%
21. I understand and accept that family is defined differently by different cultures (e.g. extended family members, fictive kin, godparents).		
A) Things I do frequently	42	74%
B) Things I do occasionally	2	4%
C) Things I do rarely or never	3	5%
D) Not Applicable	9	16%
22. I recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of acculturation into the dominant culture.	(n)	%
A) Things I do frequently	37	65%
B) Things I do occasionally	7	12%
C) Things I do rarely or never	5	9%
D) Not Applicable	8	14%
23. I accept and respect that male-female roles in families may vary significantly among different		

cultures (e.g. who makes major decisions for the family, play and social interactions expected of male and female children).		
A) Things I do frequently	42	74%
B) Things I do occasionally	6	11%
C) Things I do rarely or never	1	2%
D) Not Applicable	8	14%
24. I understand that age and life cycle factors must be considered in interactions with individuals and families (e.g. high value placed on the decisions of elders or the role of the eldest male in families).		
A) Things I do frequently	39	68%
B) Things I do occasionally	6	11%
C) Things I do rarely or never	2	4%
D) Not Applicable	10	18%
25. Even though my professional or moral viewpoints may differ, I accept the family/parents as the ultimate decision makers for services and supports for their children.		
A) Things I do frequently	40	70%
B) Things I do occasionally	5	9%
C) Things I do rarely or never	1	2%
D) Not Applicable	11	19%
26. I recognize that the meaning or value of medical treatment, health care, and health education may vary greatly among cultures.		
A) Things I do frequently	43	75%
B) Things I do occasionally	6	11%
C) Things I do rarely or never	0	0%
D) Not Applicable	8	14%
27. I recognize and understand that beliefs and concepts of emotional well-being vary significantly from culture to culture.	(n)	%
A) Things I do frequently	46	81%
B) Things I do occasionally	4	7%
C) Things I do rarely or never	1	2%
D) Not Applicable	6	11%
28. I understand that beliefs about mental illness and emotional disability are culturally-based. I accept that responses to these conditions and related treatment/interventions are heavily influenced by culture.		
A) Things I do frequently	38	67%
B) Things I do occasionally	6	11%
C) Things I do rarely or never	2	4%
D) Not Applicable	11	19%
29. I accept that religion and other beliefs may influence how families respond to illnesses, disease, disability and death.		
A) Things I do frequently	45	79%
B) Things I do occasionally	5	9%
C) Things I do rarely or never	0	0%
D) Not Applicable	7	12%

30. I recognize and accept that folk and religious beliefs may influence a family's reaction and approach to a child born with a disability or later diagnosed with a physical/emotional disability or special health care needs.		
A) Things I do frequently	39	68%
B) Things I do occasionally	8	14%
C) Things I do rarely or never	0	0%
D) Not Applicable	10	18%

31. I understand that traditional approaches to disciplining children are influenced by culture.		
A) Things I do frequently	38	67%
B) Things I do occasionally	5	9%
C) Things I do rarely or never	0	0%
D) Not Applicable	13	23%

32. I understand that families from different cultures will have different expectations of their children for acquiring toileting, dressing, feeding, and other self-help skills.	(n)	%
A) Things I do frequently	41	72%
B) Things I do occasionally	6	11%
C) Things I do rarely or never	0	0%
D) Not Applicable	10	18%

33. I accept and respect that customs and beliefs about food, its value, preparation, and use are different from culture to culture.		
A) Things I do frequently	46	81%
B) Things I do occasionally	3	5%
C) Things I do rarely or never	0	0%
D) Not Applicable	8	14%

34. Before visiting or providing services in the home setting, I seek information on acceptable behaviors, courtesies, customs and expectations that are unique to families of specific cultures and ethnic groups served by my program or agency.		
A) Things I do frequently	9	16%
B) Things I do occasionally	3	5%
C) Things I do rarely or never	2	4%
D) Not Applicable	43	75%

35. I seek information from family members or other key community informants that will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse children and families served by my program or agency.		
A) Things I do frequently	16	28%
B) Things I do occasionally	10	18%
C) Things I do rarely or never	2	4%
D) Not Applicable	29	51%

36. I advocate for the review of my program's or agency's mission statement, goals, policies, and procedures to ensure that they incorporate principles and practices that promote cultural diversity and cultural competence.

A) Things I do frequently	24	42%
B) Things I do occasionally	11	19%
C) Things I do rarely or never	3	5%
D) Not Applicable	19	33%

Appendix B: CRS Contractor Staff Responses

Items & Responses **SECTION 1 - PHYSICAL ENVIRONMENT, MATERIALS, AND RESOURCES OF YOUR ORGANIZATION**	**Responses** **(n)**	**Percent** **%**
1. My organization displays pictures, posters and other materials that reflect the cultures and ethnic backgrounds of children and families served by my program or agency.		
A) Things my organization does frequently	186	74%
B) Things my organization does occasionally	53	21%
C) Things my organization does rarely or never	4	2%
D) Unknown	7	3%
2. My organization ensures that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of children and families served by my program or agency.		
A) Things my organization does frequently	168	67%
B) Things my organization does occasionally	55	22%
C) Things my organization does rarely or never	5	2%
D) Unknown	22	9%
3. When using videos, films or other media resources for health education, treatment or other interventions, my organization ensures that they reflect the cultures of children and families served by my program or agency.		
A) Things my organization does frequently	134	53%
B) Things my organization does occasionally	44	17%
C) Things my organization does rarely or never	9	4%
D) Unknown	62	25%
4. When using food during an assessment, my organization ensures that meals provided include foods that are unique to the cultural and ethnic backgrounds of children and families served by my program or agency.		
A) Things my organization does frequently	59	23%
B) Things my organization does occasionally	45	18%
C) Things my organization does rarely or never	18	7%
D) Unknown	126	50%
5. My organization ensures that toys and other play accessories in reception areas and those, which are used during assessment, are representative of the various cultural and ethnic groups within the local community and the society in general.	(n)	%
A) Things my organization does frequently	138	55%
B) Things my organization does occasionally	46	18%

C) Things my organization does rarely or never	10	4%
D) Unknown	58	23%

SECTION 2 - COMMUNICATION STYLES

6. For children who speak languages or dialects other than English, I attempt to learn and use key words in their language so that I am better able to communicate with them during assessment, treatment or other interventions.

A) Things I do frequently	130	52%
B) Things I do occasionally	48	19%
C) Things I do rarely or never	7	3%
D) Not Applicable	63	25%

7. I attempt to determine any familial colloquialisms used by children and families that may impact on assessment, treatment or other interventions.

A) Things I do frequently	64	25%
B) Things I do occasionally	26	10%
C) Things I do rarely or never	53	21%
D) Not Applicable	106	42%

8. I use visual aids, gestures, and physical prompts in my interactions with children who have limited English proficiency.

A) Things I do frequently	127	50%
B) Things I do occasionally	37	15%
C) Things I do rarely or never	10	4%
D) Not Applicable	77	31%

9. I use bilingual staff or trained/certified interpreters for assessment, treatment and other interventions with children who have limited English Proficiency.

A) Things I do frequently	153	61%
B) Things I do occasionally	21	8%
C) Things I do rarely or never	10	4%
D) Not Applicable	67	27%

10. I use bilingual staff or trained/certified interpreters during assessments, treatment sessions, meetings, and for or other events for families who would require this level of assistance.

	(n)	%
A) Things I do frequently	157	62%
B) Things I do occasionally	17	7%
C) Things I do rarely or never	4	2%
D) Not Applicable	73	29%

11a. When interacting with parents who have limited English proficiency I always keep in mind that limitations in English proficiency is in no way a reflection of their level of intellectual functioning.

A) Things I do frequently	193	77%
B) Things I do occasionally	19	8%
C) Things I do rarely or never	2	1%
D) Not Applicable	37	15%

11b. When interacting with parents who have limited English proficiency I always keep in mind that their limited ability to speak the language of the dominant culture has no bearing on their

ability to communicate effectively in their language of origin.

A) Things I do frequently	194	77%
B) Things I do occasionally	16	6%
C) Things I do rarely or never	6	2%
D) Not Applicable	34	13%

11c. When interacting with parents who have limited English proficiency I always keep in mind that they may or may not be literate in their language of origin or English.

A) Things I do frequently	165	65%
B) Things I do occasionally	28	11%
C) Things I do rarely or never	13	5%
D) Not Applicable	44	17%

12. When possible, I ensure that all notices and communiques to parents are written in their language of origin.

A) Things I do frequently	166	66%
B) Things I do occasionally	29	12%
C) Things I do rarely or never	8	3%
D) Not Applicable	49	19%

13. I understand that it may be necessary to use alternatives to written communications for some families, as word of mouth may be a preferred method of receiving information.

	(n)	%
A) Things I do frequently	144	57%
B) Things I do occasionally	45	18%
C) Things I do rarely or never	12	5%
D) Not Applicable	50	20%

14a. I understand the principles and practices of linguistic competency and apply them within my program or agency.

A) Things I do frequently	152	60%
B) Things I do occasionally	32	13%
C) Things I do rarely or never	5	2%
D) Not Applicable	62	25%

14b. I understand the principles and practices of linguistic competency and advocate for them within my program or agency.

A) Things I do frequently	138	55%
B) Things I do occasionally	45	18%
C) Things I do rarely or never	8	3%
D) Not Applicable	58	23%

15. I understand the implications of health literacy within the context of my roles and responsibilities.

A) Things I do frequently	174	69%
B) Things I do occasionally	29	12%
C) Things I do rarely or never	4	2%
D) Not Applicable	43	17%

16. I use alternative formats and varied approaches to communicate and share information with

children and/or their family members who experience disability.

A) Things I do frequently	149	59%
B) Things I do occasionally	30	12%
C) Things I do rarely or never	10	4%
D) Not Applicable	62	25%

SECTION 3 - VALUES AND ATTITUDES	**(n)**	**%**
17. I avoid imposing values that may conflict or be inconsistent with those of cultures or ethnic groups other than my own.		
A) Things I do frequently	180	71%
B) Things I do occasionally	19	8%
C) Things I do rarely or never	5	2%
D) Not Applicable	44	17%
18. In group therapy or treatment situations, I discourage children from using racial and ethnic slurs by helping them understand that certain words can hurt others.		
A) Things I do frequently	64	25%
B) Things I do occasionally	13	5%
C) Things I do rarely or never	6	2%
D) Not Applicable	168	67%
19. I screen books, movies, and other media resources for negative cultural, ethnic, or racial stereotypes before sharing them with children and their parents served by my program or agency.		
A) Things I do frequently	55	22%
B) Things I do occasionally	29	12%
C) Things I do rarely or never	16	6%
D) Not Applicable	149	59%
20. I intervene in an appropriate manner when I observe other staff or parents within my program or agency engaging in behaviors that show cultural insensitivity, bias or prejudice.		
A) Things I do frequently	93	37%
B) Things I do occasionally	54	21%
C) Things I do rarely or never	54	21%
D) Not Applicable	48	19%
21. I understand and accept that family is defined differently by different cultures (e.g. extended family members, fictive kin, godparents).		
A) Things I do frequently	197	78%
B) Things I do occasionally	17	7%
C) Things I do rarely or never	11	4%
D) Not Applicable	22	9%
22. I recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of acculturation into the dominant culture.	(n)	%
A) Things I do frequently	167	66%
B) Things I do occasionally	31	12%
C) Things I do rarely or never	10	4%

D) Not Applicable	39	15%
23. I accept and respect that male-female roles in families may vary significantly among different cultures (e.g. who makes major decisions for the family, play and social interactions expected of male and female children).		
A) Things I do frequently	196	78%
B) Things I do occasionally	17	7%
C) Things I do rarely or never	13	5%
D) Not Applicable	22	9%
24. I understand that age and life cycle factors must be considered in interactions with individuals and families (e.g. high value placed on the decisions of elders or the role of the eldest male in families).		
A) Things I do frequently	178	71%
B) Things I do occasionally	24	10%
C) Things I do rarely or never	12	5%
D) Not Applicable	34	13%
25. Even though my professional or moral viewpoints may differ, I accept the family/parents as the ultimate decision makers for services and supports for their children.		
A) Things I do frequently	202	80%
B) Things I do occasionally	11	4%
C) Things I do rarely or never	4	2%
D) Not Applicable	33	13%
26. I recognize that the meaning or value of medical treatment, health care, and health education may vary greatly among cultures.		
A) Things I do frequently	203	81%
B) Things I do occasionally	11	4%
C) Things I do rarely or never	4	2%
D) Not Applicable	32	13%
27. I recognize and understand that beliefs and concepts of emotional well-being vary significantly from culture to culture.	(n)	%
A) Things I do frequently	206	82%
B) Things I do occasionally	12	5%
C) Things I do rarely or never	10	4%
D) Not Applicable	22	9%
28. I understand that beliefs about mental illness and emotional disability are culturally-based. I accept that responses to these conditions and related treatment/interventions are heavily influenced by culture.		
A) Things I do frequently	169	67%
B) Things I do occasionally	23	9%
C) Things I do rarely or never	9	4%
D) Not Applicable	49	19%
29. I accept that religion and other beliefs may influence how families respond to illnesses, disease, disability and death.		
A) Things I do frequently	212	84%

B) Things I do occasionally	6	2%
C) Things I do rarely or never	9	4%
D) Not Applicable	23	9%

30. I recognize and accept that folk and religious beliefs may influence a family's reaction and approach to a child born with a disability or later diagnosed with a physical/emotional disability or special health care needs.

A) Things I do frequently	196	78%
B) Things I do occasionally	15	6%
C) Things I do rarely or never	8	3%
D) Not Applicable	31	12%

31. I understand that traditional approaches to disciplining children are influenced by culture.

A) Things I do frequently	179	71%
B) Things I do occasionally	24	10%
C) Things I do rarely or never	13	5%
D) Not Applicable	34	13%

32. I understand that families from different cultures will have different expectations of their children for acquiring toileting, dressing, feeding, and other self-help skills.

	(n)	%
A) Things I do frequently	185	73%
B) Things I do occasionally	18	7%
C) Things I do rarely or never	13	5%
D) Not Applicable	34	13%

33. I accept and respect that customs and beliefs about food, its value, preparation, and use are different from culture to culture.

A) Things I do frequently	188	75%
B) Things I do occasionally	15	6%
C) Things I do rarely or never	10	4%
D) Not Applicable	37	15%

34. Before visiting or providing services in the home setting, I seek information on acceptable behaviors, courtesies, customs and expectations that are unique to families of specific cultures and ethnic groups served by my program or agency.

A) Things I do frequently	43	17%
B) Things I do occasionally	11	4%
C) Things I do rarely or never	6	2%
D) Not Applicable	190	75%

35. I seek information from family members or other key community informants that will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse children and families served by my program or agency.

A) Things I do frequently	106	42%
B) Things I do occasionally	31	12%
C) Things I do rarely or never	14	6%
D) Not Applicable	96	38%

36. I advocate for the review of my program's or agency's mission statement, goals, policies, and procedures to ensure that they incorporate principles and practices that promote cultural diversity and cultural competence.		
A) Things I do frequently	116	46%
B) Things I do occasionally	42	17%
C) Things I do rarely or never	24	10%
D) Not Applicable	66	26%

ATTACHMENT # 5

WEBSITE LIST WHICH PROVIDES CULTURALLY COMPETENT INFORMATION

The Office for Children with Special Health Care Needs (OCSHCN)

The following list of website resources was compiled by the OCSHCN/CRS Cultural Competency Committee for reference purposes. It is intended to assist visitors to our webpage: parents, youth, OCSHCN and CRS staff and other professionals in locating multicultural and healthcare materials. This is a limited guide and by no means all inclusive. We will review and update the list periodically.

Focus on Cultural Competence Skills for Professional Staff

This list of websites is provided to our health care providers to assist them in obtaining educational materials on providing culturally competent care and services.

www.socialworkers.org/sections/credentials/cultural_comp.asp National Association of Social Workers. Provides the NASW Standards for Cultural Competence in Social Work Practice.

http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English Provider s Guide to Quality and Culture. Includes information sheets and individual and organizational assessment tools. In Spanish also.

www.culturediversity.org Focuses upon differences and similarities among cultures with respect to human care, health, and illness based upon the people's cultural values, beliefs, and practices, and to use this knowledge to provide cultural specific or culturally congruent nursing care to people.

www.professionalchaplains.org The Association of Professional Chaplains website. The Learning Module, Cultural and Spiritual Sensitivity by Sue Wintz, BCC and Earl P. Cooper, BCC. can be viewed on this site. Sue Wintz is a chaplain at St. Joseph s Hospital in Phoenix. To view the module, go to Professional Resources, then Reading Room, then Learning Module, Cultural and Spiritual Sensitivity. The materials include cultural awareness assessment tools and information on various cultures and their traditions.

www.ethnomed.org Ethnic medicine information from Harborview Medical Center. Website contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants to the US, many of whom are refugees fleeing war-torn parts of the world**.** Includes materials written in Spanish.

Focus on Tools and Resource Guides

http://ctb.ku.edu Community Tool Box supports work in promoting community health and development. Information on over 250 topics. Toolkits are available. Go to Tools, Table of Contents-Part H, Cultural Competency, Spirituality and the Arts and Community Building (Chapters 27-29). In Spanish too.

www.plainlanguage.gov The **goal** of Plain Language.gov is to promote the use of plain language for all government communications. Using plain language can save agencies time and money and provide better service to the American public. You can find how to tools and guidelines to improve written material production.

Cross Cultural Information

This list includes culturally oriented and ethnically focused comprehensive internet-based health and medical information.

http://blackhealthcare.com Addresses the special health problems of African-Americans.

www.hispanichealth.org Their mission is to improve the health and well being of Hispanics. The National Alliance for Hispanic Health (the Alliance) is the Nation s oldest and largest network of Hispanic health and human services providers. This site offers resources such as health fact sheets, health news and web links.

http://www.ihs.gov On the main page go to the Area Offices and Facilities section and from here you can go to the various offices around the state. You can obtain cultural information on the 19 Arizona tribes. Each tribe is unique, with its own language and culture.

http://www.ihs.gov/FacilitiesServices/AreaOffices/Navajo/ For information on providing culturally sensitive services to the Navajo population go to Cross Cultural Medicine.
www.pascuayaqui-nsn.gov To learn more about the Pascua Yaqui tribe s history, culture and language go to the Language Development Department drop down.

Medical Dictionaries/Brochures

http://library.med.utah.edu/24languages/ Provides electronic access to over 200 health education brochures in 24 different languages.
www.healthyroadsmedia.org Provides video, audio, web-page video and written formats. Provided in English, Spanish and several other languages.
http://www.ucop.edu/cmhi/documents/dictionary3rd.pdf English-Spanish dictionary of 14,000 health related terms. There is a comprehensive list of terms related to anatomy (including pictures), signs and symptoms, communicable diseases, chronic diseases, maternal and child health, nutrition, oral health, mental health, traditional medicine and many more. Also includes many popular terms used in Mexico and Central America to describe signs and symptoms of illness included in the dictionary.

Focus on information for Parents, Children and Teens

www.askme3.org This website offers **Ask Me 3** questions to better understand your health important information for every time you talk with a doctor, nurse, or pharmacist. There are printable brochures for physicians and patients to use. Provided in English and Spanish.
http://www.4woman.gov/index.htm A National Women s Health Information Center which is U. S. Government-approved women s health information site. Supports culturally sensitive educational programs that encourage women to take personal responsibility for their own health and wellness. This section focuses on minority women s health. In Spanish also.
www.beachcenter.org Has research materials, stories and tips on cultural diversity. Some materials in Spanish.
www.clas.uiuc.edu The Culturally and Linguistically Appropriate Services Early Childhood Research Institute identifies, evaluates, and promotes effective and appropriate early intervention practices and preschool practices that are sensitive and respectful to children and families from culturally and linguistically diverse backgrounds. In Spanish also.
http://www.awesomelibrary.org Information for parents, teens and children on multicultural topics. Several languages are available including Spanish.

.

For additional websites containing cultural competency materials, click on the following Arizona Department of Health Services office links:
Center for Minority Health at http://www.azdhs.gov/phs/minorityhealth/index.htm
and the Division of Behavioral Health Services at http://www.azdhs.gov/bhs/cc.htm

ATTACHMENT # 6

MEMBER INFORMATION LETTER

CRS Member Information Letter

Did you know?

Provider Directory

Your CRS clinic has many doctors, nurses and staff. Some speak other languages than English. You can get an interpreter if the doctor does not speak your language. The clinic locations and doctors are in the provider directory. You can get one at your first clinic visit. Or you can ask for one at any time. You can call the CRS clinic near you for one. OCSHCN can mail you one. You can also get it from your clinic or the OCSHCN webpage:

http://www.azdhs.gov/phs/ocshcn/

Ask for one. It's free!

Children's Rehabilitative Services

Language & Cultural Services

Translation & interpretive services are free and available for:

- Phone calls - making appointments - during clinic visits
- Getting information about your child's health
- Notices or letters
- Getting information read to you
- When a doctor does not speak your language
- Explaining your rights

Get it in the language you prefer.

Member Handbook

The member handbook tells you about some CRS policies. You can ask your clinic for a copy at any time. You can also get one from your clinic or the OCSHCN webpage. You can get it in a different language, in large print or have it read to you. Just let the CRS staff know. CRS wants you to understand what you receive.

The Children's Rehabilitative Services Administration (CRSA) is within the Office for Children with Special Health Care Needs (OCSHCN), which is responsible for the CRS Program. Contact us with any questions about the CRS Program.

Children's Rehabilitative Services Administration
Arizona Department of Health Services
Office for Children with Special Health Care Needs

150 North 18th Avenue, Suite # 330
Phoenix, AZ 85007-3243

(602) 542-1860
or
1-800-232-1676
(ask for the CRS Program)
http://www.azdhs.gov/phs/ocshcn

Appeals & Requests for Hearing

You have a right to not agree with decisions CRS makes. This is called an appeal. You can appeal in writing or orally. CRS has two types of appeals. The first type is a standard appeal. This appeal is used when CRS:

- Does not approve a service.
- Stops a service for a short period of time.
- Decreases a service that was approved.
- Totally stops a service that was already approved.
- Fails to provide services in a fair period of time.
- Fails to act in the required time of 14 days from the date of request for service.
  - If after the 14 days more time is needed, you can ask for an extension.
  - Extensions only happen if they are in the best interest of your child. Sometimes it takes 14 more days.

The second type is an expedited appeal. This appeal happens faster. The decision has to be made in 3 workdays. This appeal is used when CRS feels the health of your child is at risk using the standard appeal.

Grievances

If you are not satisfied with the care or services your child/youth is getting, CRS wants to know about it. You can ask CRS staff to help you resolve your problem. You can ask CRS staff to explain to you how to file a grievance. Your doctor can file a grievance for you. You can file a grievance orally or in writing. Grievances should be resolved within 90 days.

Fraud & Abuse

Fraud can happen when rules are not followed. If someone else uses your child's member ID card this is fraud. Abuse is an act that can hurt a person. This can go on when a service is of poor quality or harmful to the person.

If someone is doing something that you know is wrong, call OCSHCN. Call 1-800-232-1676. You will not get into trouble. You also do not have to give your name.

To fill out an online suspected fraud and abuse report, go to OCSHCN webpage:

http://www.azdhs.gov/phs/ocshcn/

For questions specific to the clinic where your child receives services, please contact:

Children's Health Center
124 West Thomas Road
Phoenix, AZ 85013
(602) 406-6400 /
1 (800) 392-2222
Patient Advocate
(602) 406-6460 or
(602) 406-3060
www.stjosephs-phx.org

Children's Clinics for Rehabilitative Services
2600 North Wyatt Drive
Tucson, AZ 85712
(520) 324-5437 /
1 (800) 231-8261
Patient Advocate
(520) 324-3224
www.childrensclinics.org

Children's Rehabilitative Services
1200 North Beaver
Flagstaff, AZ 86001
(928) 773-2054 /
1 (800) 232-1018
Patient Advocate
(928) 773-2054
www.nahealth.com

Children's Rehabilitative Services
2400 Avenue A
Yuma, AZ 85364
(928) 336-7095 /
1 (800) 837-7309
Patient Advocate
(928) 336-7294 or
(928) 336-1621
www.yumaregional.org/crsnew.html

Aviso Informacional para Miembros de CRS

¿Sabe Usted?

Directorio de Proveedores

Su clínica CRS tiene muchos doctores, enfermeras(os) y personal. Algunos hablan otros idiomas que ingles. Usted puede pedir un intérprete si su doctor no habla su idioma. La ubicación de su clínica y lista de doctores esta en el directorio de proveedores. Puede obtener uno en su primera visita a la clínica. Ó, puede pedir uno en cualquier momento. Puede llamar la clínica de CRS más cercana. OCSHCN puede mandarle uno por correo. Puedo obtener uno del sitio del Web de su clínica ó del sitio del Web de OCSHCN: http://www.azdhs.gov/phs/ocshcn/

Pida uno. ¡Está gratis!

Servicios Culturales y de Idioma

Servicios de traducción y de intérprete son gratis y disponible para:

- Llamadas de teléfono – haciendo citas – durante sus visitas a su clínica
- Que reciba información de la salud de su niño(a)
- Avisos ó cartas
- Que alguien le lea la información
- Cuando un doctor no habla su idioma
- Explicarle sus derechos

Puede recibirlo en el idioma preferido.

Manual de los Miembros de CRS

El Manual de los Miembros de CRS le dice de algunas políticas de CRS. Usted puede pedir una copia de su clínica en cualquier momento. También puede obtener uno del sitio de Web de su clínica ó del sitio del Web de OCSHCN. Puede ser en otro idioma, en prenta más grande ó que alguien se lo lea. Déjele saber al personal de CRS. CRS quiere que usted entienda lo que recibe.

La Administración de Servicios Rehabilitativos Para Niños (CRSA) esta en la Oficina para Niños con Necesidades Especiales de Cuidado de Salud (OCSHCN), que es responsable por el Programa CRS. Póngase en contacto con cualquier pregunta sobre el Programa CRS.

Children's Rehabilitative Services Administration
Arizona Department of Health Services
Office for Children with Special Health Care Needs

150 North 18th Avenue, Suite # 330
Phoenix, AZ 85007-3243

(602) 542-1860
or
1-800-232-1676
(pregunte por el Programa CRS)
http://www.azdhs.gov/phs/ocshcn

Apelaciones Y Solicitudes De Audiencia

Usted tiene el derecho de no estar de acuerdo con decisiones que hace CRS. Esto se llama una apelación. Puede apelar por escrito u oral. CRS tiene dos tipos de apelaciones. El primer tipo se llama una apelación normal. Esta apelación se usa cuando CRS:

- No aprueba un servicio.
- Suspende un servicio por un corto plazo.
- Reduce un servicio que ya ha sido aprobado.
- Cesa del todo un servicio que ya ha sido aprobado
- No consigue brindar un servicio en un periodo de tiempo razonable.
- No logra actuar dentro del periodo requerido de 14 días a partir la aplicación de los servicios.
  - Si después de los 14 días mas tiempo se necesita, usted puede pedir una extensión.
  - Extensiones solamente pueden ocurrir si es lo mejor para su niño(a). Hay veces que puede durar 14 días más.

El segundo tipo se llama una apelación acelerada. Esta ocurre más rápido. Esta decisión tiene que suceder en 3 días hábiles. Esta apelación se usa cuando CRS siente que una decisión de apelación normal puede poner en peligro la salud de su niño(a).

Quejas

Si usted no esta contento con el cuidado médico o el servicio que su niño(a) recibe, CRS quiere saberlo. Usted puede pedir la ayuda del personal de CRS para resolver su problema. Usted puede pedirle al personal de CRS que le expliquen cómo hacer una queja. Su doctor puede quejarse por su parte. Usted puede quejarse por escrito u oral. Quejas serán resueltas en 90 días.

Fraude ó Abuso

El fraude puede suceder cuando las reglas no se siguen. Si otra persona usa la tarjeta de identificación de su niño(a), esto es fraude. El abuso es un acto que puede lastimar a una persona. Esto puede suceder cuando un servicio está de mal calidad o dañoso a la persona.

Si alguien está haciendo algo que usted conoce es incorrecto, hable con OCSHCN. Llame al 1-800-232-1676. No se meterá en problemas por reportarlo. No tiene que dar su nombre.

Para llenar una forma en línea para reportar sospecho de fraude ó abuso, visite el sitio del Web de OCSHCN:

http://www/azdhs.gov/phs/ocshcn

Para preguntas específicas donde su niño(a) recibe servicios, por favor póngase en contacto con:

Children's Health Center
124 West Thomas Road
Phoenix, AZ 85013
(602) 406-6400 /
1 (800) 392-2222
Defensor de los Pacientes
(602) 406-6460 or
(602) 406-3060
www.stjosephs-phx.org

Children's Clinics for Rehabilitative Services
2600 North Wyatt Drive
Tucson, AZ 85712
(520) 324-5437 /
1 (800) 231-8261
Defensor de los Pacientes
(520) 324-3224
www.childrensclinics.org

Children's Rehabilitative Services
1200 North Beaver
Flagstaff, AZ 86001
(928) 773-2054 /
1 (800) 232-1018
Defensor de los Pacientes
(928) 773-2054
www.nahealth.com

Children's Rehabilitative Services
2400 Avenue A
Yuma, AZ 85364
(928) 336-7095 /
1 (800) 837-7309
Defensor de los Pacientes
(928) 336-7294 or
(928) 336-1621
www.yumaregional.org/crsnew.html

ATTACHMENT # 7

OUTREACH CLINICS SCHEDULE

FIELD CLINIC SITE	TYPE OF CLINIC	HOW OFTEN
Chinle	Neurology	4 times per year
Ft. Defiance	Neurology	4 times per year
	Plastic Surgery	2 times per year
Ganado	Neurology	4 times per year
Globe	Orthopedics	4 times per year
	Cardiac	3 times per year
Prescott	Genetics	6 half day clinics/yr
	Orthopedics	3 times per year
Sacaton	Genetics	4 half day clinics/yr
San Carlos	Genetics	4 half day clinics/yr
	Orthopedics	4 times per year
	Cardiac	3 times per year
Show Low	Cardiac	3 times per year
White River	Genetics	4 half day clinics/yr
	Orthopedics	4 times per year
	Cardiac	3 times per year

Attachment 7

OUTREACH CLINICS SCHEDULE- PHOENIX (CENTRAL REGION) FY 2008

FIELD CLINIC SITE	TYPE OF CLINIC	HOW OFTEN
Casa Grande/Eloy/ Florence	Cardiac	3 times per year
Douglas	Cardiac	1 time per year
Nogales	Cardiac	4 times per year
Safford/Clifton/Morenci	Cardiac	2 times per year
Sierra Vista	Cardiac	4 times per year

OUTREACH CLINICS SCHEDULE- TUCSON (SOUTHERN REGION) FY 2008

***Outreach Clinics are sponsored by University Physician Health Care**

Field Clinic Site	Type of Clinic	Frequency
Chinle	Orthopedic	2 times per year
	Orthotics	2 times per year
	Physical Therapy	2 times per year
	Neurology	4 times per year
	Cardiac	3 times per year
Fort Defiance	Orthopedic	2 times per year
	Orthotics	2 times per year
	Physical Therapy	2 times per year
	Neurology	4 times per year
	Cardiac	3 times per year
Kayenta	Cardiac	3 times per year
Kingman	Orthotics	2 times per year
	Orthopedics	2 times per year
	Physical Therapy	2 times per year
Tuba City	Orthotics	3 times per year
	Orthopedic	3 times per year
	Neurology	4 times per year
	Cardiac	3 times per year
	Physical Therapy	3 times per year

OUTREACH CLINICS SCHEDULE- FLAGSTAFF (NORTHERN REGION) FY 2008